

# APPLICATION FORM

Please ensure that all details are completed so that the application can be processed as soon as possible

Name:.....

Age.....

Date of Birth:.....

Address:.....

.....

Post Code.....

Tel No.....

Tel No in event of emergency.....

Email address.....

Preferred Class Level.....

Preferred Dates & Times.....

.....

Awards achieved.....

.....

Please give details of any known medical conditions/  
current medication/allergies.....

.....

Please indicate if any of the above medical  
conditions may require immediate emergency  
medical treatment

Yes.....No.....

Doctor's name:.....

Doctor's Telephone no.....

Surgery address.....

.....

I give my consent and accept full responsibility for my  
child to participate in the course. If in the opinion of a  
medical practitioner, the necessity arises, I give  
consent for my child to be administered an anaesthetic  
or other emergency medical aid.

I understand that bookings are taken on a termly basis  
and no refunds will be given once booking has been made.

Signed.....

Print Name.....

Date.....

Please send your completed application form to  
Alison Marks Swim School, 3a Bourne Lane, Tonbridge,  
Kent. TN9 1LG. Please enclose a cheque made payable to  
Alison Marks Swim School. Ltd. Full payment required at  
time of booking. Thank you.